

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2005

(FORM MUST BE TYPEL	OR PRINTED IN BLACK)	•					
1. ID No. 116940	2. Exact name of the limite KX REALTY, LLC	act name of the limited liability company REALTY, LLC					
3. State of Formation RHODE ISLAND	TO ACQUIRI			which is actually conducted in Rhode Island ND OTHERWISE), OPERATE, DEVELOP, HOLD, SELL OR OTHERWISE			
5 Principal office addre	2		City	Sinic	Zip		
20 Carter Avenue 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME			Pawtucket D NAME OR TITLE OF CONTACT	RI PERSON:	02861		
Contact Name			Contact Title	•			
	Khamsyvorabo	ong					
Street Address	_		Cuy	State	Zip		
20 Carter			Pawtucket	RI	02861		
	FILL IN SP	ACES BEFORE USIN	ED LIABILITY COMPANY, IF APP G ATTACHMENTS ("X" BOX FO IRES FILING OF AMENDMENT, F	OR ATTACHMENT) 🔲) / 7-16-52		
Street Address			Street Address	Street Address			
Chy	State	Zφ	Gity -	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
Cuy	State	Zip	Ciŋ [.]	State	Zip		
8. RESIDENT AGEN Aroni Name JOHN V. MCGREEN,		· DO NOT ALTER · (Changes require filing of Form Address	642 - R.J.G.L. 7-16-11			
Address 21 GARDEN CITY DRIVE			Cranston	2ip 02	920-		

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

File Date 1	1/22	*116940*	_
Check No	•	······································	-
Ву:	B		-
FOR	SECRETARY OF	STATE USE ONLY	

Under penalty of perjury. I declare and affir	m that I have examined this report
ncluding any accompanying schedules and	statements, and that all statements
contained herein are sque and correct.	_
	, -
/ (P)	

Signature of Authorized Person

Duk

Bounheuang Khamsyvoravong

Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Duisson 100 North Main Street Providence RI 02903-1335 401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ____

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1 /D No 2. Exact name of the limited liability company 116940 KX REALTY, LLC 3 State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island. TO ACQUIRE (BY LEASE, PURCHASE AND OTHERWISE), OPERATE, DEVELOP, HOLD, SELL OR OTHERWISE RHODE ISLAND DISPOSE OF REAL PROPERTY 5. Principal office address 20 Carter Avenue Pawtucket 02861 RI6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Lite Bounheuang Khamsyvorabong Street Address Cin 20 Carter Avenue Pawtucket 02861 RI7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Street Address Street Address State 240 City State Z.40 Manager Name Manager Name Street Address Sugar Address $C_{i'i}$ State *7.*(p) 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address JOHN V. MCGREEN, ESQ A eletrone Z.p 21 GARDEN CITY DRIVE CRANSTON 02920-

This report must be signed in ink by an outhorized person pursuant to R.I.G.L. 7-16-66



File Date 10128/04
Check No 7426
ву:
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report. including any accompanying schedules and statements, and that all statements. contained herein are true and correct.

Signature of Authorized Person

Bounheuang Khamsyvoravong

Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 106 North Main Street Proudence, RI 02903-1335 401-222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2003

(FORM MUST BE TYPED	OR PRINTED IN BLACK)	• Fung Fee: 35	0.00					
1 ID No 116940	2 Exact name of the Emiled hability company KX REALTY, LLC							
3 State of Formation	4. Brief description	4 Brief description of the character of the basiness which is actually conducted in Rhode Island						
RHODE ISLAND	TO ACQUIRE	(BY LEASE, PURCH	ASE AND OTHERWISE), OPERATE,	DEVELOP, HOLD, SE	LL OR OTHERWISE			
5 Principal office address 20 Carter	Avenue	'Real Property -	Con Pawtucket	State RI	2φ. 02861			
Contact Name	ss of LIMITED LIABI Khamsyvorabo		D NAME OR TITLE OF CONTACT Contact Title	Gontact Tule Contact Tule				
Sheet Address 20 Carter 1	Avenue		cm Pawtucket	State RI	7.tp 02861			
	FILL IN SP.	ACES BEFORE USIN	ED LIABILITY COMPANY, IF APPI G ATTACHMENTS ("X" BOX FO IRES FILING OF AMENDMENT, R.	R ATTACHMENT) 🔲	· () / 7-16-52			
Street Address			Street Address	Street Address				
Çir.	State	Zų.	$Gu_{\mathcal{F}}$	State	7 (p			
Manager Name		••••••	Manager Name	Manager Name				
Mrc.: A.ldress			Street Address	Succi Address				
Cuy	Stote	Zφ	Car	State	Z-p			
8. RESIDENT AGENT Agent Name JOHN V. MCGREEN, E		DO NOT ALTER - C	Changes require filing of Form 6	642 - R.I.G.L. 7-16-11	'			
21 GARDEN CITY DRIVE			CRANSTON	// / / / / / / / / / / / / / / / / / /	2920-			

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

*	1	1	6	9	4	n	*

File Date
Check No 27545
By
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person Date

Bounheuang Khamsyvoravong

Print or Type Name of Authorized Person



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) I. ID No. 2. Exact name of the limited liability company *116940* KX REALTY, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island To acquire (by lease, purchase & otherwise), operate, develop, hold, sell or RHODE ISLAND otherwise dispose of real property. 5. Principal office address State Zip 20 Carter Avenue Pawtucket RI 02861 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Bounheuang Khamsyvorabong Street Address State Zip 20 Carter Avenue Pawtucket RI 02861 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name Street Address · Street Address City State Zio City State Zip Manager Name Manager Name Street Address Street Address City State Zip State Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name JOHN V. MCGREEN, ESQ. 21 GARDEN CITY DRIVE Address Cin CRANSTON 02920-

This report must be signed in ink by an authorized person pursuant to 7-16-66.

116940 DLLC11/13/0211:53:09 A	M
File Daie 12.9.02	
Check No. 2 707	9
By:	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare an	id affirm that I l	nave examined
his report, including any accompany	ing schedules a	nd statements,
and that all statements contained here	in are true and	correct.
Je.		11-19.02
Signature of Authorized Person	Date	

Bounheuang Khamsyvoravong
Print or Type Name of Authorized Person